

| ORDER FOR SUPPLIES OR SERVICES | | | | | | | | | | PAGE 1 OF 7 | | | | | | | | | |
|---|-------------------|--|---|---------------------------------|--|-------------------------|--|--|---|---|------------|----------------------------|-------------------|-------------------------------------|---|--|----------|--------------------------|---|
| 1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. N66001-12-D-0043 | | | 2. DELIVERY ORDER/ CALL NO. 0009 | | 3. DATE OF ORDER/ CALL (YYYYMMDD) 2014 Sep 24 | | 4. REQ./ PURCH. REQUEST NO. 1300454402 | | 5. PRIORITY | | | | | | | | | | |
| 6. ISSUED BY SPAWAR SYSTEMS CENTER PACIFIC KARL ANTOLIN, CODE 22550 KARL.ANTOLIN@NAVY.MIL 53560 HULL STREET SAN DIEGO CA 92152-5001 | | | CODE N66001 | | 7. ADMINISTERED BY (if other than 6) DCMA SYRACUSE 615 ERIE BLVD., WEST SUITE 300 SYRACUSE NY 13204-2408 | | | CODE S3306A | | 8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other) | | | | | | | | | |
| 9. CONTRACTOR HARRIS CORPORATION DUNS: 002204600 NAME AND ADDRESS 1680 UNIVERSITY AVE ROCHESTER NY 14610-1839 | | | CODE 14304 | | FACILITY | | 10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE | | 11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED | | | | | | | | | | |
| 12. DISCOUNT TERMS Net 30 Days | | | | | | | 13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Section G, Basic Contract | | | | | | | | | | | | |
| 14. SHIP TO SSC PACIFIC (OTC) RECEIVING OFFICER 4297 PACIFIC HIGHWAY BLDG OT7 SAN DIEGO CA 92110-3236 | | | CODE N00039 | | 15. PAYMENT WILL BE MADE BY DFAS COLUMBUS CENTER DFAS-CO/NORTH ENTITLEMENT OPERATIONS P.O. BOX 182266 COLUMBUS OH 43218-2266 | | | MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2. | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 5px;">16. TYPE OF ORDER</td> <td style="width: 10%; padding: 5px;">DELIVERY/ CALL</td> <td style="width: 5%; padding: 5px;"><input checked="" type="checkbox"/></td> <td style="padding: 5px;">This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">PURCHASE</td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Reference your quote dated Furnish the following on terms specified herein. REF:</td> </tr> </table> | | | | | | | | | | | | 16. TYPE OF ORDER | DELIVERY/ CALL | <input checked="" type="checkbox"/> | This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. | | PURCHASE | <input type="checkbox"/> | Reference your quote dated Furnish the following on terms specified herein. REF: |
| 16. TYPE OF ORDER | DELIVERY/ CALL | <input checked="" type="checkbox"/> | This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. | | | | | | | | | | | | | | | | |
| | PURCHASE | <input type="checkbox"/> | Reference your quote dated Furnish the following on terms specified herein. REF: | | | | | | | | | | | | | | | | |
| ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME. | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 33%;">NAME OF CONTRACTOR</td> <td style="width: 33%;">SIGNATURE</td> <td style="width: 33%;">TYPED NAME AND TITLE</td> <td style="width: 1%;">DATE SIGNED (YYYYMMDD)</td> </tr> <tr> <td colspan="4" style="padding: 5px;"><input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:</td> </tr> </table> | | | | | | | | | | | | NAME OF CONTRACTOR | SIGNATURE | TYPED NAME AND TITLE | DATE SIGNED (YYYYMMDD) | <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: | | | |
| NAME OF CONTRACTOR | SIGNATURE | TYPED NAME AND TITLE | DATE SIGNED (YYYYMMDD) | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: | | | | | | | | | | | | | | | | | | | |
| 17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE See Schedule | | | | | | | | | | | | | | | | | | | |
| 18. ITEM NO. | | 19. SCHEDULE OF SUPPLIES/ SERVICES | | | 20. QUANTITY ORDERED/ ACCEPTED* | | 21. UNIT | | 22. UNIT PRICE | | 23. AMOUNT | | | | | | | | |
| | | SEE SCHEDULE | | | | | | | | | | | | | | | | | |
| * If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle. | | | | | 24. UNITED STATES OF AMERICA TEL: (619) 553-1812 EMAIL: sean.kearns1@navy.mil BY: Sean B. Kearns | | | (b)(6) | | 25. TOTAL \$1,301,170.00 | | | | | | | | | |
| 27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED | | | | | 26. DIFFERENCES | | | | | | | | | | | | | | |
| b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | | c. DATE (YYYYMMDD) | | d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | | | | | | | | | |
| e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | | 28. SHIP NO. | | 29. DO VOUCHER NO. | | 30. INITIALS | | | | | | | | | | |
| f. TELEPHONE NUMBER | | g. E-MAIL ADDRESS | | | <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | 32. PAID BY | | 33. AMOUNT VERIFIED CORRECT FOR | | | | | | | | | | |
| 36. I certify this account is correct and proper for payment. | | | | | 31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | 34. CHECK NUMBER | | | | | | | | | | | | |
| a. DATE (YYYYMMDD) | | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER | | | 35. BILL OF LADING NO. | | | | | | | | | | | | | | |
| 37. RECEIVED AT | | 38. RECEIVED BY | | 39. DATE RECEIVED (YYYYMMDD) | | 40. TOTAL CONTAINERS | | 41. S/R ACCOUNT NO. | | 42. S/R VOUCHER NO. | | | | | | | | | |

Section B - Supplies or Services and Prices

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|---|----------|------|--------------------------|--------|
| 0002 | <p>SRW SwISS OTAM Release and PR Implement. CPIF</p> <p>Soldier Radio Waveform (SRW) Software In-Service Support (SwISS) Over-the-Air Management (OTAM) 1.0 Release and Problem Report (PR) Implementation in accordance with the Performance Work Statement, Attachment 1</p> <p>FOB: Destination</p> <p>PURCHASE REQUEST NUMBER: 1300454402</p> | | Lot | | (b)(4) |
| | | | | TARGET COST | (b)(4) |
| | | | | TARGET FEE | (b)(4) |
| | | | | TOTAL TGT COST + FEE | (b)(4) |
| | | | | MINIMUM FEE | \$0.00 |
| | | | | MAXIMUM FEE | \$0.00 |
| | | | | SHARE RATIO ABOVE TARGET | |
| | | | | SHARE RATIO BELOW TARGET | |
| | ACRN AA | | | | (b)(4) |
| | CIN: 130045440200001 | | | | |
| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
| 0003 | <p>Other Direct Costs</p> <p>COST</p> <p>Other Direct Costs (ODC) in accordance with the Performance Work Statement Work. ODCs may include material, commercial software licenses, travel, and shipping related costs that may be required during the performance of the contract. ODCs will be non-fee bearing.</p> <p>FOB: Destination</p> <p>PURCHASE REQUEST NUMBER: 1300454402</p> | | Lot | | (b)(4) |
| | | | | ESTIMATED COST | (b)(4) |
| | ACRN AA | | | | (b)(4) |
| | CIN: 130045440200002 | | | | |

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|---|----------|------|----------------|--------|
| 0004 | CDRL COST See Exhibit A FOB: Destination | | Lot | | (b)(4) |
| | | | | ESTIMATED COST | (b)(4) |

Section E - Inspection and Acceptance

INSPECTION AND ACCEPTANCE TERMS

Supplies/services will be inspected/accepted at:

| CLIN | INSPECT AT | INSPECT BY | ACCEPT AT | ACCEPT BY |
|------|-------------|------------|-------------|------------|
| 0002 | Destination | Government | Destination | Government |
| 0003 | Destination | Government | Destination | Government |
| 0004 | Destination | Government | Destination | Government |

Section F - Deliveries or Performance

DELIVERY INFORMATION

| CLIN | DELIVERY DATE | QUANTITY | SHIP TO ADDRESS | UIC |
|------|-----------------------------------|----------|--|--------|
| 0002 | POP 24-SEP-2014 TO 23-SEP-2015 | N/A | SSC PACIFIC (OTC) RECEIVING OFFICER 4297 PACIFIC HIGHWAY BLDG OT7 SAN DIEGO CA 92110-3236 619-524-2271 FOB: Destination | N00039 |
| 0003 | POP 24-SEP-2014 TO 23-SEP-2015 | N/A | (SAME AS PREVIOUS LOCATION) FOB: Destination | N00039 |
| 0004 | POP 24-SEP-2014 TO 23-SEP-2015 | N/A | (SAME AS PREVIOUS LOCATION) FOB: Destination | N00039 |

Section G - Contract Administration Data

ACCOUNTING AND APPROPRIATION DATA

AA: 2114152040 0000 A5X EH655 0 30EA8F PM M25500 010557702A00 14555125 021001

AMOUNT: \$1,301,170.00

CIN 130045440200001: (b)(4)

CIN 130045440200002: (b)(4)

CLAUSES INCORPORATED BY FULL TEXT

252.204-7006 BILLING INSTRUCTIONS (OCT 2005)

When submitting a request for payment, the Contractor shall--

(a) Identify the contract line item(s) on the payment request that reasonably reflect contract work performance; and

(b) Separately identify a payment amount for each contract line item included in the payment request.

(End of clause)

252.204-0001 LINE ITEM SPECIFIC: SINGLE FUNDING. (SEP 2009)

The payment office shall make payment using the ACRN funding of the line item being billed.

(End of clause)

Section J - List of Documents, Exhibits and Other Attachments

Exhibit/Attachment Table of Contents

| DOCUMENT TYPE | DESCRIPTION | PAGES | DATE |
|---------------|-------------|-------|-------------|
| Exhibit A | CDRL | 23 | 01-AUG-2014 |
| Attachment 1 | PWS | 21 | 05-AUG-2014 |